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ABSTRACT

This study of the relationship between maternal depressive symptomatology and perceptions of child behavior used standard child behavior stimuli to control for differences in child behavior. A total of 31 mothers of children between 5 and 12 years of age with externalizing behavior disorders participated. Each mother watched three videotapes of children and completed ratings of the children. In one presentation, the child displayed externalizing behaviors; in a second, the child displayed internalizing behaviors; in a third, the child behaved in a prosocial manner. Mothers also completed several measures of depressive symptomatology. There were significant correlations between a composite measure of maternal depressive symptomatology and negative perceptions of all three child behavior presentations. Maternal depressive symptomatology was also related to mothers' perceptions of their children, but not to teachers' perceptions of these children. Results suggested that depressive symptomatology makes a small, but significant, contribution to maternal perceptions of child problems. (Author/RH)

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MATERNAL DEPRESSIVE SYMPTOMATOLOGY AND PERCEPTIONS OF CHILD BEHAVIOUR

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Society for Research in Child Development

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ABSTRACT

Examines the relationship between maternal depressive symptomatology and perceptions of child behaviour. This study expands on previous research by using standard child behaviour stimuli to control for differences in child behaviour across mothers. Thirty-one mothers of children with externalizing behaviour disorders participated. Each mother watched three videotapes of children and completed ratings of the children. In one presentation the child displayed externalizing behaviours, in another the child displayed internalizing behaviours, and in the third presentation the child behaved in a prosocial manner. Mothers also completed several measures of depressive symptomatology. Significant correlations emerged between a composite measure of maternal depressive symptomatology and negative perceptions of all three child behaviour presentations. Maternal depressive symptomatology was also related to mothers' perceptions of their own children, but not to teachers' perceptions of these children. The results suggest that depressive symptomatology makes a small, but significant contribution to maternal perceptions of child problems.

INTRODUCTION

Previous research has demonstrated a relationship between mothers' self-reports of depressive symptoms and their ratings of child behaviour problems. However, interpretation of this relationship is unresolved. In particular, the possibility that maternal reports of child behaviour are negatively influenced by depressive symptoms in the mother has commanded considerable attention. Attempts to empirically address this possibility have been hampered by difficulties in measuring "true" child behaviour and, because each mother rates her own child, by variations in child behaviour stimuli across mothers.

In this research, videotaped portrayals of child behaviour were used to present standard child stimuli to each mother. In this way, the relationship of depressive symptomatology to perceptions of child behaviour is assessed, independent of variations in actual child behaviour. It was predicted that, in response to standard child behaviour stimuli, mothers with higher levels of depressive symptomatology would perceive more externalizing and internalizing child problems and less prosocial child behaviour.

The relationship between depressive symptomatology and mothers' perceptions of their own children was also examined, and compared to the relationship between maternal depressive symptoms and teachers' views of the children. It was predicted that mothers' depressive symptomatology would relate to their perceptions of their own children, but that this relationship would not hold with teacher perceptions of child behaviour.

METHOD

Subjects:

Thirty-one mothers of 5 to 12 year-old children with externalizing disorders participated.

Child Behaviour Stimuli:

Three male children were recruited as actors and each boy portrayed one type of behaviour (i.e., internalizing, externalizing, prosocial). Each video was approximately 5 minutes and showed the boy, in a home-like environment, sitting alone at a dining table after a meal. A woman's voice from off camera issued a series of instructions to the boy (i.e., finish your meal, clear the table, do your homework). In the externalizing portrayal, the boy displayed behaviours such as bragging, disobedience, and a tantrum. In the internalizing portrayal, the

boy displayed behaviours such as dependency, feelings of worthlessness, and crying. Finally, the boy in the prosocial portrayal displayed behaviours including politeness, sharing and obedience.

Child Behaviour Ratings:

For each portrayal a 19 item Child Behaviour Rating was created using a 7 point scale that asked mothers to indicate the degree to which each behaviour was descriptive of the child in the video portrayal. Global ratings of deviance and mothers' anticipated reactions to the child were also gathered.

Mothers and teachers also completed the Child Behaviour Checklist (Achenbach & Edelbrock, 1983) describing the mothers' own child.

Measures of Depressive Symptomatology:

Depressive symptoms were assessed in a comprehensive fashion using the Beck Depression Inventory (Beck, 1967), the Automatic Thoughts Questionnaire (Hollon & Kendall, 1980), the Cognitive Bias Questionnaire (Krantz & Hammen, 1979), and the Depression Adjective Checklist (Lubin, 1981). A composite score was calculated based on all measures.

Procedure:

Mothers individually watched the three child behaviour presentations, completing appropriate Child Behaviour Ratings after each. Depressive symptomatology measures were completed after mothers watched the videotapes.

RESULTS

Average scores indicated a mild level of depressive symptomatology, with a range of scores across mothers. Scores on the Child behaviour Ratings indicated that the Prosocial portrayal was rated as the least deviant and the Externalizing portrayal as the most deviant. Mother and teacher CBCL ratings of the mothers' own children revealed an elevated level of perceived problems in these children. Mother and teacher ratings were significantly correlated (CBCL Externalizing score $r = .49^{**}$ and CBCL Internalizing score $r = .44^{*}$).

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See Tables 1 & 2

CONCLUSIONS

The results indicate support for the hypothesis that depressive symptomatology exerts a negative influence on perceptions of child behaviour. This support comes from the significant relationships found between depressive symptomatology and mothers' ratings of both standard child behaviour stimuli and their own children's behaviour, and from the contrasting lack of relationship between maternal depressive symptomatology and teachers' views of the mothers' children.

Although the findings suggest that depressive symptoms lead to more negative perceptions of child behaviour, the accuracy of these perceptions is not addressed. Without an absolute standard of child behaviour, it is impossible to discern whether mothers with more depressive symptoms are negatively biased or whether mothers with fewer depressive symptoms are positively biased. Although such a discrimination may be of theoretical interest, a more relativistic approach appears appropriate for assessment purposes where maternal perceptions are typically compared with normative perceptions. In such situations, understanding the discrepancies between perceptions is of greater importance than judgments regarding absolute accuracy.

It should be noted that the predicted associations between depressive symptoms and ratings of child behaviour were not found across all measures and that the statistically significant relationships were of only modest strength. Thus, although depressive symptomatology appears to affect perceptions, the percentage of variance accounted for remains small and the contribution of actual child behaviour is also clearly apparent.

TABLE 1

Correlations between maternal depressive symptomatology and perceptions of standard child behaviour stimuli.

	Composite Depressive Symptom Score
Prosocial Portrayal	
Prosocial Behaviour Ratings	.24
Global Deviance Ratings	.43**
Global Reaction Ratings	.02
Internalizing Portrayal	
Internalizing Behaviour Ratings	.40*
Global Deviance Ratings	.30*
Global Reaction Ratings	.13
Externalizing Portrayal	
Externalizing Behaviour Ratings	.34*
Global Deviance Ratings	-.18
Global Reaction Ratings	-.14

*p <.05; ** p <.01

TABLE 2

Correlations between maternal depressive symptomatology and perceptions of the mothers' own children.

	Composite Depressive Symptom Score
Mother Child Behaviour Checklist	
Internalizing T score	.54***
Externalizing T score	.29+
Teacher Child Behaviour Checklist	
Internalizing T score	-.06
Externalizing T score	.01

+ $p < .10$; ***$p < .001$.